

**COMMUNITY AND SENIOR SERVICES (CSS)
LOS ANGELES COUNTY AREA AGENCY ON AGING (AAA)
SUPPORTIVE SERVICES PROGRAM (SSP)
PROPOSED PROGRAM SERVICES**

INSTRUCTIONS

Please use the following instructions to complete the electronic *Proposed Program Services and Budget*. The worksheet has been protected to preclude changes to key fields/cells except for designated areas which shall be completed by the Proposer. The form automatically performs all necessary calculations and validations. Please note that the workbook contains two (2) Exhibits (*Proposed Program Services and Budget* forms); the Proposer shall complete the applicable sections of each Exhibit in order to accurately reflect the Services to be provided for the fiscal year. When working with calculations, any additional information other than whole number will often create mathematical variances therefore, **please refrain from using formulas or decimals (unless allowed by the sheet)**.

PART I PROPOSED PROGRAM SERVICES (PPS)

PAGE 1 – Cover Sheet: Please provide all requested information as indicated in the **blue font**. Once the agency data has been entered, the Proposer's name will automatically generate on all pages of the workbook.

1. **Enter the Full Legal Name of the Organization:** Enter the full legal name of the organization onto the line and do not abbreviate. The name listed must match the name on the Articles of Incorporation, Business License, Charter, or By-Laws.
2. **Main Administrative Office Address:** Enter the address of the authorized signatory on this line. If the main administrative office and the mailing address are the same, please delete the default (blue font) language on the mailing address line.
3. **City/State/Zip Code/Fax Number:** Enter all the information listed corresponding to the particular site.
4. **Mailing Address:** This address should be entered if the Main Administrative Address and mailing address are different. All correspondence, contract, Program and compliance related information will be sent to both addresses and addressed to the administrator listed on the Authorized Signatory and Primary/Secondary Contact lines.
5. **Prefix:** Enter the appropriate prefix for official authorized to sign for agency.

6. **Official Authorized to Sign for the Agency:** Enter the name of the administrator authorized through the board resolution to sign for the agency here. A board resolution authorizing this person is required prior to contract execution.
7. **Job Title:** Enter the title of the official authorized to sign for agency. Please abbreviate the job title if the title does not fit in the cell.
8. **Phone Number/Ext.:** Enter the phone number and extension of the official authorized to sign for agency. Note: For the phone number, enter only numbers with no spaces, hyphens, parenthesis or any additional characters (ie.,2223334444).
9. **E-Mail Address:** Enter the email address of the official authorized to sign for the agency, and the primary/secondary contact for the Program.
10. **Primary/Secondary Contact for Program:** County will only contact the secondary contact in cases where the authorized signatory is not available.
11. **Job Title:** Enter the title of the primary/secondary contact for Program.
12. **Phone Number/Ext.:** Enter the phone number and extension of the primary/secondary contact for Program.
13. **E-Mail Address:** Enter the email address of the primary/secondary contact for the Program.
14. **Grant Summary Chart:** The data from the Service Unit Summary on page three (3) will automatically transfer to Columns (A) Grant Costs, and (B) Number of Unduplicated Clients (see Standard Terms and Conditions, Exhibit J – Definitions) of the chart. Please do not attempt to enter data in these two (2) columns. Columns (C), Match/Cash and In-Kind, (D) Non-Match/Cash and In-Kind, and (E) Grant Related Income will need to be entered manually.

PAGES 2 & 2a – Site Summary: Complete the information requested for **each** Supportive Services Site by providing the following:

NOTE: This information may be utilized for public use (e.g., directories, website, and brochures). To perform a return with a cell, press “Alt” and “Enter”.

1. **Site Name:** Enter the Site name. Abbreviate if necessary.
2. **Sup. District (Supervisory District):** Indicate in which of the five (5) Los Angeles County Supervisory Districts the Site is located.

3. **Site Address:** Provide the address of the physical location.
4. **Public Phone Number:** Enter the telephone number that clients may use to contact staff at the Site.
5. **Site Manager and Phone Number:** Provide the full name of the Site's Manager as well as his/her direct telephone number.
6. **Hours of Operation:** Enter the hours the Site is open for Services under the appropriate column according to the days of the week (Monday through Friday [M-F], Saturday [Sat] and/or Sunday [Sun]. For example, if the Proposer intends to provide Services on Monday, Wednesday, Friday, Saturday, and Sunday, then data would be entered as follows: Under column (M-F) enter: Mon, Wed & Fri – 12 pm – 3 pm & 5 pm – 8 pm; (2) Under Column (Sat) enter 12 pm – 3 pm & 5 pm – 8 pm; and, (3) under Column (Sun) enter 12 pm – 3 pm & 5 pm – 8 pm.

PAGE 2a – Site Summary (Con't): If needed, please use this page as a continuation of page 2.

PAGE 3 – Units of Service Summary: Provide the requested information according to the Supervisorial District you propose to provide Services in. Please note this information may be for public use.

1. **Unduplicated Clients:** Indicate the number of Unduplicated Clients you intend to provide Services to in each Supervisorial District during the fiscal year.
2. **Unit Cost:** Indicate the Unit Cost/Rate for each type of Service that is intended to be provided. The Unit Rate is the rate your agency will be reimbursed by this contract. This rate does not represent the total cost of the Unit of Service; instead, only the amount reimbursable by the AAA. Please review the *Statement of Work* to see the maximum Unit Rate(s) reimbursable by the AAA. Proposer may not indicate a Unit Rate that exceeds the maximum Unit Rate(s) noted within the *Statement of Work*.
3. **Units:** Indicate the total number of Units of Service your agency proposes to serve for the fiscal year for each Supervisorial District.
4. **Cost:** The cost of the Services will automatically be calculated based on the data entered. You must enter the Unit Rate and the number of Units of Service your agency will provide per Supervisorial District for the totals to calculate.

The Grant Costs and Number of Unduplicated Clients per Supervisorial District will automatically transfer to Page 1, Grant Summary Chart.

PAGE 4 – Services by Month:

Indicate the Units of Service to be provided each month during the fiscal year for each Service that is listed on the *Service Unit Summary*. The total must match the total number of units calculated in the *Service Unit Summary* (previous section).

PART II BUDGET

PAGE 1 – Budget Summary: Provide information for Program costs (i.e., expenditures for operating the Program) and funding for each Supervisorial District in which you intend to provide Services as follows:

1. **Cost Categories:** The cost categories for each applicable item will be transferred from the corresponding detail/schedule sheets.
2. **Grant Costs:** In order to determine the total Grant Costs the *Budget Summary* page you will need to add the totals under the applicable funding column from each detail/schedule (Personnel, Sub-Contractors, Space, Equipment, Other Costs, and Indirect Costs).
3. **Indirect Costs:** Please enter the total amount of Indirect Costs for the agency here. Proposers may only charge 8% of the total Grant Costs to the Program. Any costs above the 8% administrative cap may be used as an In-kind Match.

Indirect Costs are those costs that have been incurred for common or joint objectives and cannot be readily identified with a particular final cost objective. Examples of indirect costs include salaries, employee benefits, supplies, and costs related to general administration of Contractor's organization. Contractor has the option of negotiating an indirect cost rate or rates for use on all its federal programs. Contractor must submit a Cost Allocation Plan to the federal agency providing the majority of funds to Contractor's organization. If Contractor has a federally approved indirect cost rate, Contractor shall submit a copy of the approval letter to County upon request. (see Standard Terms and Conditions, Exhibit K- Contract Accounting, Administration and Reporting Requirements). All Indirect Costs must be detailed on the Cost Allocation Plan. For more information regarding the Cost Allocation Plan, please refer to Exhibit A, Statement of Work, Sub-section 6.3

4. **Funding Categories:** Enter the amount of funding necessary to operate the Program. The funding categories (i.e., the sources of revenue) include: Grant Costs (funds allocated and reimbursed by the AAA), Grant Related Income,

Match (in the form of Cash or In-Kind contributions) and Non-Match (in the form of Cash or In-Kind contributions).

- a. Grant Related Income: Revenue generated by Contractor from contract-supported activities including, but not limited to, voluntary contributions received from a client as a result of services; royalties received on patents/copyrights from contract-supported activities; and proceeds from the sale of items fabricated under a contract agreement.
 - b. Match: Contractor shall provide a **minimum** Matching contribution (Contractor's share toward the cost of operating the Program). There is a Matching contribution requirement of 15% for the Supportive Services Program.
5. **Agency met minimum Match requirement (Line 13) of Budget Summary, Page 1:** This area is designed to test whether the amount of Match entered meets the designated minimum Match. When the appropriate amount of Match is entered, a message will display "Match Met". Otherwise, the message will display "Match Not Met" and the agency will need to provide additional Matching contributions.

Page 2 – Match By Services

1. Please enter the amount of Match per service category for column (A) Match, column (B) Non-Match, and/or column (C) Grant Related Income your agency plans to contribute to the Program. Indicate the match according to Cash and/or In-Kind as reflected per column for Match or Non-Match. The Grand Total must equal the match amount reflected on Page 1 – Budget Summary. If the Grand Total does not reflect the same amount as the Match from the Budget Summary, a variance will reflect a difference.

Page 3 – Personnel Detail

1. **Personnel:** Please complete as follows:
 - a. Position Titles: Enter the title of each staff member who will work on the Program. Abbreviate the job title if the title does not fit in the cell.
 - b. Column (A) - No. of Employees: Enter the number of employees for this position with similar pay and percentage of time.
 - c. Column (B) - % of Time on Program: Enter the percentage of time the employee(s) will spend working on the Program. Use a separate line to

report this information if the percentage of time will vary for employees with the same title.

- d. Column (C) – Monthly Salary: Enter the total monthly salary for this position. Do not enter hourly rates. Determine the Monthly Salary if the employee is paid by an hourly wage.
- e. Column (D) – No. of Months: Enter the number of months the employee will be paid under the Program up to a maximum limit of 12 months.
- f. Column (E) – Annual Salary: Do not complete this field. The total will be calculated automatically. Please note all preceding cells must have data entered before this total will work.
- g. Column (F) – Grants Costs: Enter the amount of the Grant Award that will be used to fund the annual salary for this position.
- h. Column (G) – Match (Cash/In-kind): Enter the amount of the Proposer Match in the form of either Cash or In-kind contributions that will be used to fund the annual salary for this position.
- i. Column (H) – Non-Match (Cash/In-kind): Enter the amount of the Proposer Non-Match in the form of either Cash or In-kind contributions that will be used to fund the annual salary for this position.
- j. Column (I) – Grant Related Income: Enter the amount of Grant Related income that will be used to fund the annual salary for this position.
- k. Column (J) – Budget: Do not complete this field. This amount should equal Column (E) – Annual Salary.
- l. Column (K) – Variance: This column will display variances between columns (E) Annual Salary, and (J) Budget.
- m. Taxes: Highlighted in yellow (Lower left-hand corner). Enter the total percentage representing payroll taxes. Please note: Columns (E) and (J) must be equal.
- n. Benefits: Highlighted in yellow (Lower left hand corner). Enter the total percentage representing employee benefits. Please note: Columns (E) and (J) must be equal.

Page 4 – Cost Detail – Volunteers &Subcontractors

1. **Volunteers:** Enter the job title(s) of the volunteer(s). The title(s) of the volunteer(s) should be commensurate with the wage being reported. The total volunteer/wage equivalent detail cost must be listed on Line 1 (Personnel) on the Budget Summary.
 - a. **Column (A)** - No. of Volunteers
 - b. **Column (B)** - % of Time on Program
 - c. **Column (C)** – Salary Equivalent
 - d. **Column (D)** – No. of Months
 - e. **Column (E)** – Annual Salary equivalent
 - f. **Column (G)** – Match/In-Kind
 - g. **Column (H)** – Non-Match/In-Kind
 - h. **Column (J)** – Budget
2. **Subcontractors:** In the space provided, enter the type of subcontractors, if any, that will be utilized during the fiscal year. For all subcontracts proposed to be used by Proposer, Proposer must submit the Subcontractor agreement to County for approval prior to any work. See Standard Terms and Conditions, Exhibit A Statement of Work, (Sub-section 8.40 Subcontracting) for more information.

Complete the columns as follows:

- a. **Column (A) – Unit Cost:** Enter the cost per unit of the item(s). The Unit Cost must be as reflective of the actual cost as possible. Although costs may differ from month to month, please provide the best estimated Unit Cost possible.
- b. **Column (B) – Number of Units:** Enter the estimated or agreed reimbursement schedule/rate per month. For example, if you are paying for Services biweekly, then the costs should be reflected as: Agreed unit Cost/Rate of Reimbursement x 2 (for the number of times your agency will reimburse the Subcontractor for one month) x 12 months.
- c. **Column (C) – Number of Months:** This is limited to 12 months.

- d. **Column (D) – Total Cost:** Do not complete this field.

NOTE: Numeric values must be entered in columns (A), (B), and (C) in order for column (D) to calculate automatically.

- e. **Column (E) – Grant Costs:** Enter the amount of the proposed Grant Award that will be used for Subcontractor costs.
- f. **Column (F) – Match (Cash/In-kind):** Enter the amount of the Proposer's Match in the form of either Cash or In-kind contributions that will be used for consultant fees.
- g. **Column (G) – Non-Match (Cash/In-kind):** Enter the amount of the Proposer's Non-Match in the form of either Cash or In-kind contributions that will be used for Subcontractor costs.
- h. **Column (H) – Grant Related Income:** Enter the amount of proposed Grant Related Income that will be used for Subcontractor costs
- i. **Column (I) Budget:** Do not complete this field. This amount should equal column (D) Total Costs.

Page 5 – Cost Detail – Space and Equipment

Space – In the space provided, enter the location of the space wherein Program or administrative services will be provided. Complete the columns as follows:

- a. **Column (A) Unit Cost:** Enter the cost per square foot. This amount must be a fair market value and supported by documentation.
- b. **Column (B) Number of Units:** Enter the total square footage of space being used for the Services.
- c. **Column (C) – The Number of Months:** Enter the number of months. Must be limited to 12 months.
- d. **Column (D) - Total Cost:** Do not complete this field.
- e. **Column (E) – Grant Costs:** Enter the amount of the proposed Grant Award that will be used for space costs.
- f. **Column (F) – Match:** Enter the amount of the Proposer's Match in the form of Cash or In-kind contributions that will be used for space costs.

- g. **Column (G) – Non-Match (Cash):** Enter the amount of the Proposer's Non-Match in the form of Cash contributions that will be used for space costs.
 - h. **Column (H) – Grant Related Income:** Enter the amount of proposed Grant Related Income that will be used for space costs.
 - i. **Column (I) – Budget:** Do not complete this field. This amount should equal column (D) Total Cost.
- 3. **Equipment:** In the space provided, enter equipment items that will be purchased for use in Program operations. Complete the columns as follows:
 - a. **Column (A) – Unit Cost:** Enter the cost per unit. The unit cost must be as reflective of the actual costs as possible. Although costs may differ from month to month, please provide the best estimated cost possible.
 - b. **Column (B) – Number of Units:** Enter the number of items to be purchased.
 - c. **Column (C) – Number of Months:** Enter the number of months up to a limit of 12 months.
 - d. **Column (D) – Total Cost:** Do not complete this field.
 - e. **Column (E) – Grant Costs:** Enter the proposed amount of Grant Award that will be used to purchase the equipment item(s).
 - f. **Column (F) – Match (Cash/In-kind):** Enter the amount of the Proposer's Match in the form of either Cash or In-kind contributions that will be used to purchase the equipment item(s).
 - g. **Column (G) – Non-Match (Cash/In-kind):** Enter the amount of the Proposer's Non-Match in the form of either Cash or In-kind contributions that will be used to purchase the equipment item(s).
 - h. **Column (H) – Grant Related Income:** Enter the amount of proposed Grant Related Income that will be used to purchase the equipment item(s).
 - i. **Column (I):** Do not complete this field. This amount should equal Column (D) – Total Cost.

PAGE 6 – Other Cost Detail: For each cost category (i.e., Accounting Services, Advertising, Dues/Memberships/Subscriptions, Indirect Cost, etc.) complete each that applies.

NOTE: Mileage must be calculated by the cost per mile and the estimated number of miles. The cost per mile can't exceed the Area Agency on Aging approved unit rate which is currently 55 cents per mile.

- a. Column (A) Unit Cost: The unit cost must be as reflective of the actual costs as possible. Although costs may differ from month to month, please provide the best estimated cost possible.
- b. Column (B) Number of Units: Enter the number of items to be purchased.
- c. Column (C) Number of Months: Enter the number of months. Must be limited to 12 months.
- d. Column (D) Total Cost: Do not complete this field.
- e. Column (E) Grant Costs: Enter the amount of the proposed Grant Award that will be used for this item(s).
- f. Column (F) Match (Cash/In-kind): Enter the amount of the Proposer's Match in the form of either Cash or In-kind contributions that will be used for this item(s).
- g. Column (G) Non-Match (Cash/In-kind): Enter the amount of the Proposer's Non-Match in the form of either Cash or In-kind contributions that will be used for this item(s).
- h. Column (H) Grant Related Income: Enter the amount of proposed Grant Related Income that will be used for this item(s).
- i. Column (I) Budget: Do not complete this field. This amount should equal column (D) Total Cost.
- j. Indirect Cost: Please note that Proposers can only charge 8% of the total Grant Costs to the Program. Anything above the 8% administrative cap may be used as an In-kind Match. All Indirect Costs must be supported by the Cost Allocation Plan submitted by your agency. For more information regarding the Cost Allocation Plan, please refer to the Statement of Work.